

03/27/15

04/15

Page: 1
 REMITTANCE DETAIL FOR THE MONTH

Site ID: 999
 Phone Number: (999) 999-9999

By SITE
 Provider: MNNNNNNN HOSPITAL MMM

Address: 99999 SAMPLE BLVD

STE 999

UNKNOWN, CA 99999-9999

		TOTAL	Member	PIP	Date of
- - - M E M B E R S I N F O - - -		Group	Pr Plan Risk*	DCG	Birth/
PHYS	--Capitation and Adjustments--	MONTH'S			
Last, First Name, M.I.	Sex Mbr ID#	ID#	Ty Code	1 2 3 4 5 6 7 8	SCC AGE
ID	Month	** Description **	Amount		
CIN#	AID COD	PROJ CODE	MCR-STAT/A B D	AID-CATEG	
XXXXX, YYYYYY Z	X	X999999999	99XXX9 XX XX9	X X 9 X X X X X	99999
01/01/XX	999999	01/XX	XXXXXXXXXXXXX	XXXXXXXXXX	999.99
01/XX ** Subtotal			999.99		

 Total Retroactive: 0.00

Member's Net Capitation: 999.99

*Member Risk Data: 1 = Part A Stat, [Values: Y = Part A, N = Part A Equivalent]
 2 = Medicaid Stat, [Values: Y/N]
 3 = Member Status, [Values: 0 = Standard, 1 = ESRD, 2 = Hospice, 3 = Institutionalized]
 4 = Working Aged, 5 = Medicaid Add on, 6 = Prev Disabled, 7 = Default_risk [Values: Y/N]
 8 = Dialysis_Ind [Values: Y/N]

03/27/15

04/15

Page: 3
 REMITTANCE DETAIL FOR THE MONTH

Site ID: 999
 Phone Number: (999) 999-9999

By SITE
 Provider: MNNNNNNN HOSPITAL MMM

Address: 99999 SAMPLE BLVD STE

999

UNKNOWN, CA 99999-9999

		TOTAL	Member	PIP	Date of
- - - M E M B E R S I N F O - - -		Group	Pr Plan Risk*	DCG	Birth/
PHYS	--Capitation and Adjustments--	MONTH'S			
Last, First Name, M.I.	Sex Mbr ID#	ID#	Ty Code	1 2 3 4 5 6 7 8	SCC AGE
ID	Month	** Description **	Amount		
CIN#	AID COD	PROJ CODE	MCR-STAT/A B D	AID-CATEG	
XXXXX, YYYYYY Z	X	X999999999	99XXX9 XX XX9	X X 9 X X X X X	99999
01/01/XX	999999	01/XX	PROFESSIONAL CAPITATION		999.99

Total Retroactive: 0.00

Member's Net Capitation: 999.99
 *Member Risk Data: 1 = Part A Stat, [Values: Y = Part A, N = Part A Equivalent]
 2 = Medicaid Stat, [Values: Y/N]
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 8 = Dialysis_Ind [Values: Y/N]
 SPC_RPT_BRM_20 HEALTH NET SENIORITY-PLUS CAPITATION
 03/27/15
 04/15 REMITTANCE DETAIL FOR THE MONTH
 Page: 604

Site ID: 999
 Phone Number: (999) 999-9999

By SITE
 Provider: MNNNNNNN HOSPITAL MMM
 Address: 99999 SAMPLE BLVD
 UNKNOWN, CA 99999-9999

STE 999

		TOTAL	Member	PIP	Date of
- - - MEMBERS INFO - - -		Group Pr Plan Risk*	DCG	Birth/	
PHYS --Capitation and Adjustments--		MONTH'S			
Last, First Name, M.I.	Sex Mbr ID# ID#	Ty Code	1 2 3 4 5 6 7 8	SCC	AGE
ID	Month ** Description **	Amount			
CIN#	AID COD PROJ CODE MCR-STAT/A B D AID-CATEG		Total Capitation for		

Provider: 999

01/XX	PROFESSIONAL CAPITATION	999999.99
01/XX	PROFESSIONAL CAPITATION	999999.99
01/XX	PROFESSIONAL CAPITATION	999999.99
01/XX	PROFESSIONAL CAPITATION	999999.99
01/XX	QUALITY WITHHOLD PROFESSIONA	-9999.99
01/XX	GROSS CAPITATION	999999.99
01/XX	GROSS CAPITATION	999999.99
01/XX	GROSS CAPITATION	999999.99
01/XX	GROSS CAPITATION	999999.99
01/XX	NET CAPITATION	999999.99
01/XX	NET CAPITATION	999999.99

 SPC Total Capitation: 999,999.99

 MDE Total Capitation: 999,999.99

14914_Health Net_MA_Remittance Detail Report_BRM 20_04.01.15.pdf.txt
 MLA Total Capitation: 999,999.99

 SNP Total Capitation: 999,999.99

 Grand Total Capitation: 999,999.99

 *Member Risk Data: 1 = Part A Stat, [Values: Y = Part A, N = Part A
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